



Intercoastal Gastroenterology Group

Preparation for Colonoscopy (Using Gavilyte)

If you start any weight loss or diabetes medications such as semaglutide (Ozempic, Wegovy, etc.), tirzepatide (Mounjaro, Zepbound) or similar – please inform us as you may need to hold these prior to the procedure.

Fill your prescription for Gavilyte at your pharmacy.

The **Surgery Center** will contact you the day prior with a confirmed arrival time.

5 Days prior to procedure- Please **STOP** Advil, Motrin and Anti-inflammatory drugs, fiber supplements, iron, fish oil, vitamin E, and multivitamins. **Tylenol** is allowed. Also avoid all nuts, seeds in or on foods including popcorn, corn, granola mix, grape nuts, grapes, and raisins.

IF YOU ARE TAKING BLOOD THINNERS OR WEIGHT LOSS MEDICATIONS PLEASE NOTIFY THE GASTROENTEROLOGIST OR NURSE FOR SPECIFIC INSTRUCTIONS. _____

The Day prior to procedure you may have a light breakfast such as; an egg, toast and coffee or a bowl of cereal, juice. Then a **CLEAR LIQUID DIET only for the rest of the day.**

Hydration is part of your prep! Drink 6 oz. of clear liquids every hour throughout the day before you start your prep.

CLEAR LIQUID DIET includes coffee/tea with or without sweetener. (No MILK or MILK products or CREAMERS) You may have water and flavored-waters such as; Gatorade, Kool-Aid, soda, Jell-O, and popsicles. (Without red or purple coloring) Apple juice, white grape juice, iced tea, orange juice and lemonade (Without the pulp) Chicken, beef, or vegetable broth/bouillon. **No Alcohol**

Diabetic medications can be taken in the morning only. If you take insulin, monitor blood sugars and sliding scale; take only half dose of scheduled insulin in the evening. Call your PCP or Endocrinologist if questions arise regarding your insulin.

- AT 12 pm (noon) – Swallow the bisacodyl tablet with 8 oz. of juice or water.
- AT 6 pm – Mix the solution with drinking water to the fill line on bottle, choose a flavor packet, Shake well. Then DRINK 1 (8 oz.) glass every 15 minutes. Drink all of the solution. (8 glasses)

Continue to drink plenty of water and clear liquids through the rest of the evening.

Nothing by mouth 6 hours prior to procedure.

Morning of procedure Take all **blood pressure** and/or **cardiac medications** that you may normally take in the morning with a sip of water. (Excluding diuretics) Seizure meds and anxiety meds may also be taken.

You **MAY NOT DRIVE YOURSELF HOME** or **TAKE A TAXI** from procedure. Please make arrangements with a family member or friend. If you have any questions concerning prep or procedure, or need to reschedule, please call 342-8892. _____

YOU ARE RESPONSIBLE FOR CHECKING WITH YOUR INSURANCE COMPANY REGARDING COVERAGE FOR YOUR SURGICAL PROCEDURE. ANY DEDUCTIBLE OR COPAY IS APPLICABLE IS DUE NO LATER THAN 5 BUSINESS DAYS PRIOR TO THE DATE OF SURGERY.

IN ADDITION TO PHYSICIAN FEE, THERE IS THE FACILITY, ANESTHESIA AND POSSIBLE PATHOLOGY FEES.

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|----------------------------|
| Place: _____ |
| Date _____ |
| Time _____ |
| Arrival _____ |
| This is subject to change. |